



Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

CONDITIONAL USE PERMIT APPLICATION

Submit this application, all required information, and appropriate fee (see current fee schedule) to the Planning & Zoning office at the address listed above.

FEE ATTACHED \$ _____

PROPOSED USE (as described in the Flathead County Zoning Regulations):

OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) AND TO WHOM ALL CORRESPONDENCE IS TO BE SENT:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

LEGAL DESCRIPTION OF PROPERTY (Refer to Property Records):

Street
Address: _____ S _____ T _____ R _____

Subdivision
Name: _____ Tract _____ Lot _____ Block _____
No(s). _____ No(s). _____ No. _____

1. Zoning District and Zoning Classification in which use is proposed:

2. Attach a plan that includes drawings & texts of the affected lot and how the following items correspond to it:

A. Site Suitability.

The site is suitable for the use. This includes:

- (1) adequate usable space
- (2) adequate access
- (3) absence of environmental constraints

B. Appropriateness of Design.

The site plan for the proposed use will provide the most convenient and functional use of lot. Consideration of design should include:

- (1) parking scheme
- (2) traffic circulation
- (3) open space
- (4) fencing, screening
- (5) landscaping
- (6) signage
- (7) lighting

C. Availability of Public Services and Facilities

The following services and facilities are to be available and adequate to serve the needs of the use as designed and proposed:

- (1) sewer
- (2) water
- (3) storm water drainage
- (4) fire protection
- (5) police protection
- (6) streets

D. Immediate Neighborhood Impact

The proposed use will not be detrimental to surrounding neighborhoods in general. Typical negative impacts which extend beyond the proposed site include:

- (1) excessive traffic generation
- (2) noise or vibration
- (3) dust, glare or heat
- (4) smoke, fumes, gas, or odors
- (5) inappropriate hours of operation

3. The following proposed uses shall meet additional requirements as outlined in the Flathead County Zoning Regulations and require consultation with a staff planner PRIOR to application submittal:

- 4.01 Animal Hospitals, Kennels, Animal Shelters, Veterinary Clinics**
- 4.02 Bed and Breakfast Establishments/Boarding Houses**
- 4.03 Camp or Retreat Center**
- 4.04 Caretaker's Facility in AG, SAG, and R-1 Districts**
- 4.05 Cluster Housing Development in Residential Districts**
- 4.06 Commercial Caretaker's Facility in B-2, B-3, I-1, I-1H, and I-2 Districts**
- 4.07 Contractors Storage Yard in AG and SAG Districts**
- 4.08 Day Care Centers- 13 or More Individuals**
- 4.09 Electrical Distribution Stations**
- 4.10 Extractive Industries**
- 4.11 Family Hardship Dwellings**
- 4.12 Manufactured Home Parks**
- 4.13 Mini-Storage, Recreational Vehicle Storage**
- 4.14 Motor Coach Subdivisions**
- 4.15 Recreational Facilities (see also 7.17.040)**
- 4.16 Temporary Uses**

Consultation with Planner:

Date _____

Planner's Signature _____

INSTRUCTIONS FOR CONDITIONAL USE PERMIT APPLICATION:

1. Answer all questions. Answers should be clear and contain all the necessary information.
2. In answering question 1, refer to the classification system in the Zoning Regulations.
3. In answering questions 2 and 3, be specific and complete. Please use a separate sheet of paper to discuss the appropriate topics.
4. Copy of plot plan/site plan must be submitted with each application, with all existing or proposed structures shown, and distances from each other and from the property line. *If you are submitting a plan larger than 11x17 in size, please include 7 copies.*
5. A **Certified** Adjoining Property Owners List must be submitted with the application (*see forms below*). The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for the Flathead County Planning & Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature

Date



**Flathead County GIS
800 South Main Street
Kalispell, MT 59901**

Phone (406) 758-5540

Fax (406) 758-5840



May 13, 2008

To: Whom it may concern
From: Mindy Cochran, GIS Program Manager
Subject: Adjacent Property Ownership List

To obtain a certified list of property ownership, please have the appropriate agency fill out the attached form and submit it to the Flathead County GIS Department at 800 South Main Street, located on the third floor of the old Courthouse.

The search fee is \$75.00 and is due at the time of request to the GIS Department. Please make checks payable to Flathead County. Your certified list will be ready one week from the date ordered. Rush orders will be accepted at the rate of \$150.00 per list.

For orders requested by the Flathead County Planning and Zoning Department, the completed list will be sent directly to the Planning Office. Otherwise, customers may pick up the certified list in the GIS Department.

Please note that the Planning Offices also accept ownership lists searched and certified by a local title company.

ADJACENT OWNERSHIP LIST REQUEST FORM

TO BE FILLED OUT BY THE PLANNING OFFICE, SURVEYOR OR ENGINEER

*	SUBJECT PROPERTY OWNER	
*	SUBJECT PROPERTY ASSESSOR #	
*	SUBJECT PROPERTY LEGAL DESCRIPTION	
*	SEC-TOWNSHIP-RANGE	
*	BUFFER FOOTAGE	
*	CONTACT PERSON	
*	PHONE #	
	BILLING ADDRESS	
*	TODAYS DATE	
	PICKUP DATE	
	SUBCODE	
*	PLANNER, SURVEYOR OR ENGINEER	

Fields marked with an * are required.
 Incomplete forms will not be accepted.
 Allow 1 week from receipt by GIS office.

Order forms can be submitted in the GIS office, by fax, or email.
 Fax number: 406-758-5840
 Email address: gis_ownership@flathead.mt.gov

Certified Ownership List - (Includes Paper Copy and Vicinity Map)
Certified Ownership List - Rush order - 24 to 48 hours

\$75.00
\$150.00